

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

# **FEE TRANSMITTAL**

## **For FY 2006**

### **Complete If Known**

Application Number	10/755,638
Filing Date	January 12, 2004
First Named Inventor	Matthew F. Hogge
Examiner Name	Alvin A. Hunter
Art Unit	3711
Attorney Docket No.	B03-85

**TOTAL AMOUNT OF PAYMENT** (\$ 130.00

### **METHOD OF PAYMENT**

- ☒ **Deposit Account** Deposit Account Number: 502309 Deposit Account Name: Acushnet Company  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

### **FEE CALCULATION**

#### **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing Fee (\$)	Search Fee (\$)	Examination Fee (\$)	Fees Paid (\$)
<input type="checkbox"/> Utility	300	500	200	
<input type="checkbox"/> Design	200	100	130	
<input type="checkbox"/> Reissue	300	500	600	
<input type="checkbox"/> Provisional	200	0	0	

#### **2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200

Total Claims	Paid TC	Extra Claims	Fee (\$)	Fee Paid (\$)
-	=	0	×	50
				= 0

Paid TC = the greater of 20 or highest number of total claims paid for

Independent Claims	Paid IC	Extra Claims	Fee (\$)	Fee Paid (\$)
-	=	0	×	200
				= 0

Paid IC = the greater of 3 or highest number of independent claims paid for

#### **3. APPLICATION SIZE FEE**


If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	(round up to integer)	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	×	250	=

#### **4. OTHER FEES**

Statutory Disclaimer \$130	Fee Paid (\$)
	130

### **SUBMITTED BY**

Signature		Registration No. 43,583	Telephone 508-979-3015
Name	Kristin D. Wheeler	Date	5 May 2006